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140 7590 04/06/2009

LADAS & PARRY LLP
26 WEST 61ST STREET
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CLIFFORD J. MASS

(Depositor's name)

(Signature)

JUNE 26, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/530,459	11/15/2005	Ehud Gal	U 015711-6	3025

TITLE OF INVENTION: OMNI-DIRECTIONAL IMAGING AND ILLUMINATION ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/06/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LESTER, EVELYN A	2873	359-725000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 _____

2 **LADAS & PARRY LLP**

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SEE ATTACHED SHEET

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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- Issue Fee
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A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0425 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date JUNE 26, 2009

Typed or printed name CLIFFORD J. MASS

Registration No. 30086

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